### STATE OF WEST VIRGINIA WEST VIRGINIA DIVISION OF BANKING ONE PLAYERS CLUB DRIVE, SUITE 300 CHARLESTON, WV 25311-1638 PHONE 304-558-2294 FAX 304-558-0442

# CURRENCY TRANSMISSION, EXCHANGE AND TRANSPORTATION LICENSE RENEWAL INSTRUCTIONS

#### Renewal Fees

Persons applying for a **renewal** of their currency exchange, transmission, or transportation license shall submit \$250 plus \$20 for each additional location that it either operates or has designated as an authorized delegate location in this state. (Maximum fee \$10,000).

#### Net Worth Requirement

The minimum net worth, if operating from one location, is \$50,000 computed according to generally accepted accounting principals. If the Licensee proposes to conduct licensed activities at more than one location in this state, either directly or through authorized delegates, an additional net worth of \$25,000 per location up to a maximum of \$1 million dollars is required.

In addition, net worth of \$5,000,000 or more is needed to qualify for exemption from licensure when conducting certain money transportation services.

#### **Bond or Deposit Requirement**

The Bond or alternative Deposit of Securities required is:

\$100,000 for Sale of Money Orders & Travelers Checks, or for Currency Exchange; plus amount calculated for delegate offices.

\$300,000 for Currency Transmission by Wire or other electronic means, or for Currency Transportation; plus amount calculated for delegate offices.

<u>Delegate Office Calculation:</u> an additional \$25,000 for each authorized delegate office in the state of West Virginia should be added to the bond requirement, up to a maximum of \$1 million dollars. If the Licensee proposes to conduct more than one of these businesses, only the higher bond amount need be posted.

The following questions have been slightly amended from the original uniform renewal form to comply with specific West Virginia statutes.

**Part Two, Question #7** – If changes have occurred in the licensee's principal clearing banks, clearing bank address or account number a release form must be completed for each applicable institution change.

**Signature form** – The form has been replaced with our specific Oath of Licensee form.

#### ADDITIONAL INFORMATION REQUIRED SPECIFIC TO WEST VIRGINIA ONLY:

Part One, Question #7, in the space provided for other activities, please indicate whether any currency exchange or transportation activities are also conducted.

**Part Two, Question #1**, addresses changes in ownership level equal to or exceeding 25%. We require information or changes in ownership interest equal to or exceeding 10%. Please indicate whether there are any additional applicable changes not reported on Part Two, Question #1.

**ORGANIZATIONAL CHART** – Provide a copy of the licensee's organizational chart which clearly depicts the relationship of the licensee to any direct parent and ultimate parent company.

**FINGERPRINTING** - If your organization is subject to West Virginia's fingerprinting requirement, please provide the appropriate fingerprint cards, Authorization for Release of Individual's Personal Background and Credit Report Information as well as the specific Credit Release Form. Fingerprints are not required if the licensee is a company traded on an SEC Registered Exchange or is a subsidiary of a company traded on such an exchange. Fingerprints are also not required if the licensee is supervised by a federal bank, bank holding company, or credit union regulator or is a subsidiary of a company subject to such supervision. If not applicable, so state. Fingerprint forms are provided upon request.

**IRREVOCABLE CONSENT TO SERVICE FORM** - If the licensee previously executed such a form, a new form is only necessary in the event that the official executing the original form is no longer authorized to submit such form on behalf of the licensee. If the licensee is qualified as a foreign corporation in West Virginia, a Certificate of Good Standing may be provided instead. You may contact the West Virginia Secretary of State at (304) 558-8000 to obtain the Certificate of Good Standing.

WEST VIRGINIA BUSINESS REGISTRATION CERTIFICATE – Provide a copy of the current certificate.

**SURETY BOND OR DEPOSIT INFORMATION** – Provide a continuation certificate on the surety bond covering the licensing period or a newly executed surety bond form. If a deposit of securities has been made in place of a surety bond, please provide written confirmation of such deposit from the West Virginia federally insured depository institution in which the deposit is held.

### STATE OF WEST VIRGINIA

# CURRENCY TRANSMISSION, EXCHANGE AND TRANSPORTATION LICENSE RENEWAL APPLICATION

### PART ONE

1.	Licensee's name:	
2.	Licensee's Federal Employer Identification Number:	
3.	Name and address of principal contact person:	
	Name:	
	Street address:	
	City and state:	
	Telephone number:	Fax number:
	E-Mail:	
4.	Licensee's principal business office:	
	Street address:	
	City and state:	
	Telephone number:	Fax number:
5.	Address at which licensee keeps its books and Question 4).	records (if different from answer to
	Street address:	
	City and state:	
	Telephone number:	Fax number:

6.	Lice	nsee is a(n): (Check a	ppro	priate class	sification)
	r	Individual		r	Partnership
	r	Association		r	Joint Stock Association
	r	Corporation			
7.	Туре	of money transmission	n ac	tivity cond	ucted (mark all that apply):
	r	Checks		r	Travelers Checks
	r	Drafts		r	Wire Transfers
	r	Money Orders		r	Other (explain):
	r	Stored Value			
8.	Mon	ey transmission sales a	are c	onducted t	hrough (mark all that apply):
	r	Company Owned Ou	tlets		
	r	Independent Authoriz	zed I	Delegates	
	r	Subsidiaries or Affilia	ates;	and/or	
	r	Other (explain):			
9. Submit the complete name and address of each location in the state from which the lice its authorized delegates conducts money transmission sales.					
State the number of sales locations in this state:				state:	
PAR	RT TV	vo .			
regar CHA to th	rding <b>NGE</b>	changes since the last, PLEASE PROVII owing does not consti	ast a	application FHE REQ	s" or "no" in response to the following questions or renewal. IF THERE HAVE BEEN ANY UESTED INFORMATION (Note that a response ce with any separate statutory notice or reporting
1.		•	_		al officers, directors, partners, or individuals with a ensee, since the previous renewal?
	r	Yes	r	No	
	and 1		of e	ach person	te sheet, and include the name, title, business address who has acquired an ownership interest or become
2.		the licensee had its licenset application or renew			l, revoked or renewal refused in any other state since
	r	Yes	r	No	
3/27/2	2009 re	v			

If yes, please explain on a separate sheet.

3.	Has the licensee been subject to any enforcement actions by its licensing authority in any other state since the last application or renewal?
	r Yes r No
	If yes, please explain on a separate sheet.
4.	Has there been any material litigation involving the licensee initiated since the last application or renewal? Material litigation means litigation that, according to generally accepted accounting principles, is deemed significant to any licensee's financial health and would be required to be referenced in its annual audited financial statements, report to shareholders or similar documents.
	r Yes r No
	If yes, describe the proceedings on a separate sheet.
5.	Has there been any felony indictment or criminal conviction of any principal officer or partner of the licensee, or any individual with a 25% or more ownership interest in the licensee, since the last application or renewal?
	r Yes r No
	If yes, please explain on a separate sheet.
6.	Have there been any substantive changes to the form of instruments issued by the licensee since the last application or renewal, if not previously provided?
	r Yes r No
	If yes, please provide a specimen if not previously provided.
7.	Have there been any changes in the licensee's principal clearing banks, clearing bank address or account number since the last application or renewal?
	r Yes r No
	If yes, please complete the attached AUTHORITY FOR RELEASE OF INFORMATION BY LICENSEE'S CLEARING AND DEPOSITORY INSTITUTIONS.

8.		lave there been any material changes to the licensee's authorized delegate contract since the ast application or renewal?				
	r	Yes	r	No		
	If ve	es, please provide a co	DV.			

- 9. Has there been any change to the licensee's internal auditor(s) since the last application or renewal?
  - r Yes r No

If yes, please provide the new contact name and phone number on a separate sheet.

- 10. Has the licensee, or any principal officer, director, partner, or individual with a 25% or more ownership interest in the licensee, filed a petition in bankruptcy or reorganization since the last application or renewal?
  - r Yes r No

If yes, please describe the proceedings on a separate sheet, and provide a copy of the petition and a copy of the discharge, if applicable.

#### **PART THREE**

- 1. Submit the following:
  - A. The most recent audited financial statements of the licensee, including balance sheet, statement of income, statement of stockholder's equity and statement of cash flow for the preceding year, prepared by an independent certified public accountant, if not previously provided.
  - B. The most recent unaudited interim financial statements prepared for the licensee, dated no more than 120 days from the date of this application, if not previously provided.

C.	In the space provided below, state:							
(1) The total dollar amo				amount of the license	mount of the licensee's outstanding instruments and transmissions			
		(a)	as of the da	ate of the most recent	audited financial	l statement, and		
		(b)	as of the darequest 1(E	ate of the interim fina  3).	ncial statement f	filed in accordar	ice with prior	
(2) The total dollar amou in the U.S.A.				amount of the license	e's outstanding in	nstruments and	transmissions	
		(a)	(a) as of the date of the most recent audited financial statement, and					
(b) as of the date of with prior reque		ate of the unaudited in request 1(B).	nterim financial	statement filed i	n accordance			
	<u>Out</u>	stand	lings as of:					
		Dat	te of	State of West Vi	rginia	Total U.S.A	L.	
Audited 1	F/S			<b>\$</b>				
Interim 1	F/S _			<b>\$</b>	<b>\$</b> _		_	
and	mone	ey tra	nsmissions	the number and dolla conducted by the lic (12 month	ensee from	ment instrumen	ts sold/issued through the	
	Wit	hin tł	ne State	To	otal Within U.S.	Α.		
	Nun	nber_		<u> </u>				

- If required by state law, submit a list of the licensee's permissible investments, and the book 3. or market value of such investments:
  - as of the date of the most recent audited financial statement, and

Amount\_\_\_\_\_

as of the date of the unaudited interim financial statement filed in accordance with prior request 1(B).

2.

4. If audited financial statements are not provided, and if permissible investments are required by state law, the following is required:

A certification by an independent certified public accountant that the licensee's permissible investments, at all times possess a book or market value calculated in accordance with generally accepted accounting principles, of not less than the aggregate dollar amount of all outstanding payment instruments issued or sold by the licensee in the United States.

5. Submit proof of surety required and/or a list of deposits and other obligations maintained in lieu of all or part of the corporate surety bond, as authorized by statutes. For each deposit, please designate the amount of each deposit, the financial institution in the state which is the depository, and the account number.

#### **OATH OF LICENSEE:**

The undersigned hereby agrees to comply with the currency reporting and record-keeping requirements of 31 U.S.C. § 5313, 31 C.F.R. Part 103, and other relevant state and federal law. Furthermore, the undersigned represents and warrants that the Licensee has not within the last three years, recklessly failed to file or evaded the obligation to file a currency transaction report as required by 31 U.S.C. § 5313, nor has the Licensee recklessly accepted currency for exchange, transmission or transportation in which a portion of the currency was derived from an illegal transaction or activity.

Name of Licensee Busines	SS:			
By:				
Printed Name:				
Title:				
STATE OF	SS:			
COUNTY OF				
	, being duly	sworn says that	he is the	C
, the	Licensee herein; that	he is making this a	pplication on beh	alf of said Licensee; that h
has read the foregoing form and macknowledge and belief.		r		
			Signature	
Taken, subscribed and swo	rn to before the under	signed authority in _		County, State of
, by		, this	day of	
My commission 6	expires on			-

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OUTSIDE THE STATE OF WEST VIRGINIA)

## **CURRENCY EXCHANGE, TRANSMISSION & TRANSPORTATION BOND**

KNOW ALL MEN BY THESE PRESENT:	Bond Number
That we,	, as principal, and
	, a corporation, as surety, are held and firmly bound unto
THE STATE OF WEST VIRGINIA, in the just and full su	m of Dollars
(\$), to the payment whereof, well	l and truly to be made, we bind ourselves, our personal
representatives, successors and assigns, jointly and severally, f	irmly by these presents.
THE CONDITION OF THE ABOVE OBLIGA	ATION IS SUCH THAT, WHEREAS, the above bound
principal, in pursuance of the provisions of Article 2, Chapter	32A, of the Code of West Virginia, as amended, (hereinafter
the "Act") has obtained, or is about to obtain, from the Commi	ssioner of Banking of the State of West Virginia, a license to
conduct a Currency Exchange, Transmission or Transportation	business.
NOW, THEREFORE, if the said principal	shall conform to
and abide by the provisions of said Act and of all rules an	d orders lawfully made or issued by the Commissioner of
Banking thereunder, and shall pay to the State and shall pay to	any such person or persons properly designated by the State
any and all moneys that may become due or owing to the St	ate or to such person or persons from said obligor in a suit
brought by the Commissioner on their behalf under and by vir	tue of the provisions of said Act, then this obligation shall be
void, otherwise it shall remain in full force and effect. If any	person shall be aggrieved by the misconduct of the principal,
he may upon recovering judgment against such principal issue	execution under such judgment and maintain an action upon
the bond of the principal in any court having jurisdiction of t	he amount claimed, provided the Commissioner of Banking
assents thereto. Upon the payment of any such claim, the Su	rety shall within ten days of said payment give notice of the
payment to the Commissioner of Banking by certified or regis	tered mail, with details sufficient to identify the claimant and
the judgment so paid. This bond shall continue in full force ar	nd effect indefinitely, subject, however, to cancellation. If the
Surety herein shall so elect, this bond may be canceled at any	time by the said Surety by filing with the Commissioner of
Banking of the State of West Virginia a thirty (30) days writt	en notice of such cancellation, but said Surety so filing said
notice shall not be discharged from any liability already issue	ed or accrued under this bond or which shall issue or accrue
herein before the expiration of said thirty (30) day period. Sa	uid Surety shall remain liable for all travelers checks, money

orders, or other instruments for the transmission or payment of money issued, as well as for all payments resulting from violations occurring or fees due, during the term of this bond and prior to the date of cancellation.

•	rincipal has hereunto set his hand and affixed his seal in his own prope te name to be hereunto signed and its corporate seal to
•	nto duly authorized, all of which is done as of the day o
	·
	(SEAL OF PRINCIPAL)
By:	:
	e:
	COUNTERSIGNED BY:
	(Licensed WV Resident Agent)
[CORPORATE SEAL OF SURETY]	
(SEAL)	
By:	
STATE OF	,
To-wit: COUNTY OF	
I,,	a Notary Public in and for the county and state aforesaid, do certify that
	_, whose name is signed to the foregoing writing as surety, bearing date
the day of	,, has this day acknowledged the same before me in the county
and state aforesaid.	
Given under my hand this	day of,
My commission expires	·
(SEAL)	
	Notary Public

# AUTHORITY FOR RELEASE OF INFORMATION BY LICENSEE'S CLEARING AND DEPOSITORY INSTITUTION(S)

(Complete for <u>each</u> clearing and depository institution. for which changes are necessary. If no changes, the form is not required.)

Name of Licensee:		
DBA		-
Street Address:		-
City/State/Zip		-
Tel. No		
		ormation regarding the
	Clearing Account No	
Name	Charling Assount No.	
Address	Other	
City/State/Zip Code		
Name of Contact Person	Dusiness Assessmt No	
Phone No./Extension	Business Account No	

The persons listed below are authorized to sign on the listed accounts:

I understand that I have the right to revoke this authorization at any time before the records are disclosed to the West Virginia Commissioner of Banking. I may revoke this authorization by informing the financial institution or the West Virginia Commissioner of Banking either orally or in writing. If done orally, I shall, upon request, provide written confirmation of my revocation accurately stating the time and date of the revocation. The financial records which I authorize to be disclosed are those related to the accounts and transactions set forth and listed above.

# AUTHORITY FOR RELEASE OF INFORMATION BY LICENSEE'S CLEARING AND DEPOSITORY INSTITUTION(S) (Con't)

The purpose of the West Virginia Commissioner of Banking in seeking to obtain the above listed financial records and information is to determine the financial condition, character and fitness of the above-named Licensee for issuance and maintenance of a license to conduct the business of currency exchange, transmission and/or transportation (W. Va. Code § 32A-2-8). The records sought are reasonably believed to be either relevant to a lawful investigation by the West Virginia Commissioner of Banking, or are otherwise for purposes within the Commissioner's regulatory purview or scope of authority.

I hereby acknowledge and affirm that I am duly authorized to act on behalf of the Licensee, and that I have been advised of the Licensee's rights under W. Va. Code § 31A-2A-1 et seq. by the West Virginia Commissioner of Banking. In particular, I have been advised, *inter alia*, that: (1) no authorization for the disclosure of these financial records may be required as a condition of doing business with any financial institution; (2) that the Licensee may refuse to grant authorization without criminal or civil penalty—although failure to provide authorization may be a basis upon which licensure is denied; (3) that the Licensee has the right to revoke this authorization prior to the disclosure of the records; and (4) that except as otherwise provided by the West Virginia Maxwell Financial Privacy Law, the Licensee has the right to a copy of any state or local government subpoena for its financial records and a ten day right to contest any such subpoena served on said Licensee.

ITS_	(Signature) (Title)	(Date)	
I, certify that it has complied with the voluntary customer authorization.	, on behalf of the Weapplicable provisions of W. Signature	st Virginia Commissioner of Va. Code § 31A-2A-1 et seq.  Date	Banking hereby in procuring this

(To be completed and executed by each person submitting fingerprint cards in connection with this renewal. If fingerprint forms are not required, it is not necessary to return the release forms.)

#### AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

#### THIS FORM MUST BE SUBMITTED FOR EACH PERSON IDENTIFIED AS A PRINCIPAL

Principal means the chief executive officer, regardless of title, managing partner if a partnership, members of the organizing group if no chief executive officer has yet been appointed, trustee or other person controlling the conduct of the affairs of a licensee. A person controlling, directly or indirectly, ten percent or more of the stock of any corporate applicant is also considered to be a principal.

Note: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose of this request is to conduct a criminal background check and check your credit history. We have authority to solicit your social security number pursuant to W.Va. Codes § 31-17-5(a)(2) and § 31A-2-4(b)(4).

number pursuant to W.Va. Codes § 31-17-5(a)(2	2) and § 31A-2-4(b)(4).		
Name:	Social Security #:		
Home Address, City, State, Zip Code:			
Date of Birth:	Home Telephone No:		
I hereby authorize the West Virginia Division of Banking to make inquiries from any financial institution, educational facility, federal or state agency, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.			
	form is, to the best of my knowledge, complete		
	Signature		
SUBSCRIBED BEFORE ME ON THIS20	day ofin		
CITY STATE			
Not	tary Public		
SEAL/STAMP			

**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES** 

### Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose of this request is to conduct a criminal background check and check your credit history. We have authority to solicit your social security number pursuant to W.Va. Codes § 31-17-5(a)(2) and . § 31A-2-4(b)(4). Social Security #: Name: Home Address, City, State, Zip Code: Date of Birth: Home Telephone No: Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts ( ) Yes, attach explanation ( ) No Have any civil judgments been entered against you during the past 10 Are there any civil proceedings pending against you or civil judgments ( ) Yes, attach explanation ( ) No entered against you which involve fraud or dishonesty? Have you been convicted of or entered a plea of Nolo Contendere to a ( ) Yes, attach explanation ( ) No felony? Have you ever been convicted of or entered a plea of Nolo ( ) Yes, attach explanation ( ) No Contendere to any misdemeanor involving theft, fraud, or dishonesty? Have you been the subject of a bankruptcy, assignment for the benefit ( ) Yes, attach explanation ( ) No of creditors, receivership, conservatorship, or any similar proceeding? Have you been subject to any enforcement proceedings by any State or ( ) Yes, attach explanation ( ) No Federal government agency involving the revocation or suspension of any business, fines or penalties? Have you been discharged for cause or been requested to resign from ( ) Yes, attach explanation ( ) No any employment position? I hereby authorize the West Virginia Division of Banking to make inquiries from any financial institution, educational facility, federal or state agency, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration. I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate. Signature SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_\_day of \_\_\_\_\_\_\_, 20 \_\_\_\_\_. AT: (CITY) (STATE or COMMONWEALTH) PRINT NAME OF NOTARY PUBLIC: SIGNATURE OF NOTARY PUBLIC:

THIS FORM MUST BE SUBMITTED FOR EACH PERSON IDENTIFIED AS A PRINCIPAL

Note: Disclosure of your social security number should only be made if obtained from you in accordance with